Passion for Innovation.
Compassion for Patients.™

Daiichi-Sankyo

ENHERTU® Business Briefing

DAIICHI SANKYO CO., LTD.

Sunao Manabe

President and CEO

October 29, 2021

Forward-Looking Statements

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5-Year Business Plan (FY2021-FY2025) for Sustainable Growth

Under ESG management, we will realize our 2025 Goal, Global Pharma Innovator with Competitive Advantage in Oncology, and will shift to further growth toward our 2030 Vision

As of FY2020

- Oncology business launched
- Edoxaban growing
- Regional value being enhanced
- AZ strategic alliance
- Increased RD investment

2030 Vision

Innovative Global Healthcare Company Contributing to the Sustainable Development of Society

- **Global top 10 in Oncology**
- **Additional growth pillars being source of revenue and profit**
- **New products being source of profit in each business unit**
- **Contributing to sustainable development of society through our business**

Strategic Pillars for the 5-Year Business Plan (FY2021-FY2025)

Daiichi-Sankyo

Realize 2025 Goal and Shift to Further Growth

FY2025 Financial Targets

- Revenue: 1.6 Tn JPY (Oncology > 600.0 Bn JPY)
- Core Operating Profit Ratio before R&D Expense: 40%
- ROE > 16%
- DOE* > 8%

Maximize 3ADCs

- Maximize ENHERTU and Dato-DXd through strategic alliance with AstraZeneca
- Maximize HER3-DXd without a partner
- Expand work force and supply capacity flexibly depending on changes around product potential

Profit growth for current business and products

- Maximize Lixiana profit
- Grow Tarlige, Nilemdo, etc. quickly
- Transform to profit structure focused on patented drugs
- Profit growth for American Regent and Daiichi Sankyo Healthcare

Identify and build pillars for further growth

- Identify new growth drivers following 3ADCs
- Select and advance promising post DXd-ADC modalities

Create shared value with stakeholders

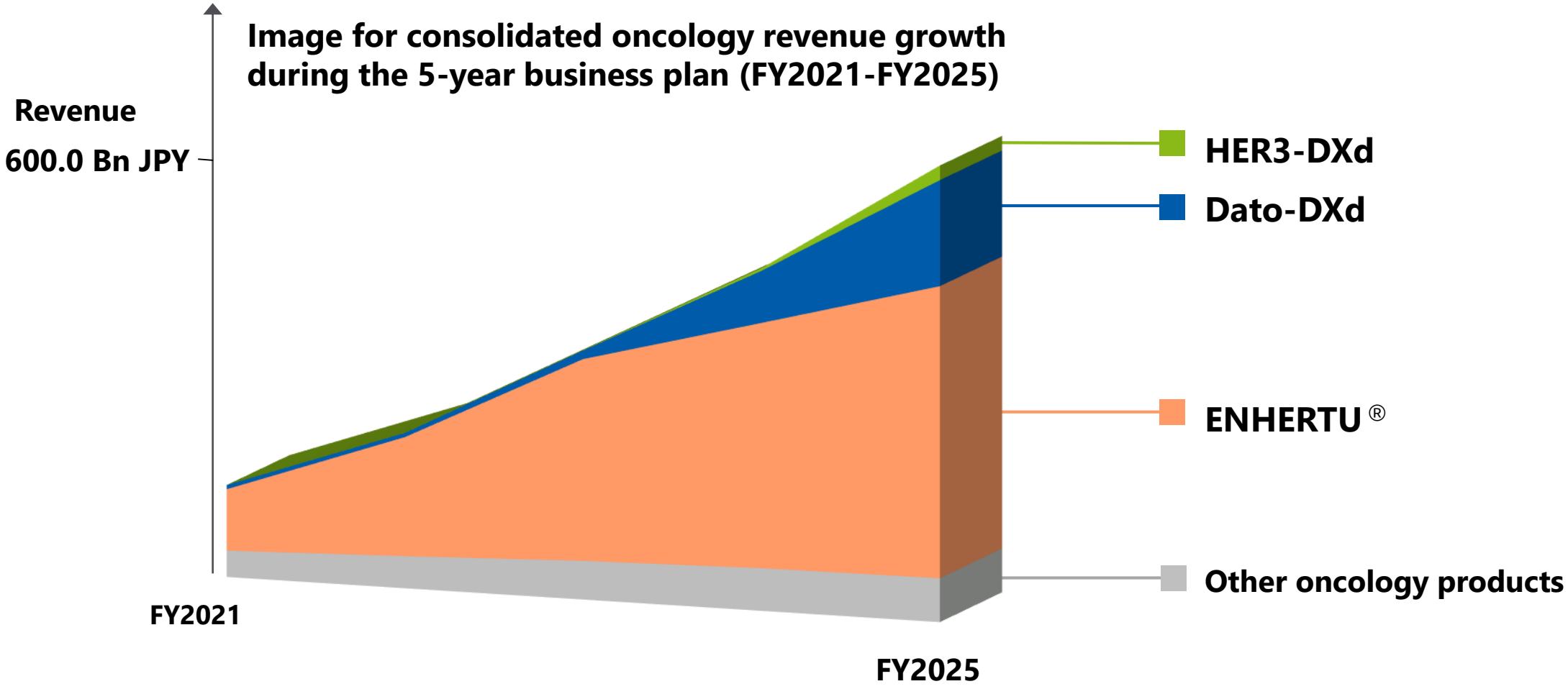
- Patients: Contributing to patients through "Patient Centric Mindset"
- Shareholders: Balanced investment for growth and shareholder returns
- Society: Environment load reduction across the value chain, and actions against pandemic risks
- Employees: Create one DS culture through fostering our core behaviors

- Data-driven management through DX, and company-wide transformation through advanced digital technology
- Agile decision making through new global management structure

*DOE: Dividend on Equity = Total dividend amount / Equity attributable to owners of the company

Oncology Revenue Target

Targeting > 600.0 Bn JPY in FY2025 by maximizing 3ADCs



ENHERTU®: Clinical Development Plan | Breast cancer

As of Sep 2021			FY2020	FY2021	FY2022	Planning
HER2 Positive		Metastatic 3L~	DESTINY-Breast01 completed			
			DESTINY-Breast02 monotherapy vs PC			
		Metastatic 2L	DESTINY-Breast03 monotherapy vs T-DM1			
			DESTINY-Breast07 combination (2L/1L) Ph1b/2			
		Metastatic 1L				
				DESTINY-Breast09 T-DXd ± pertuzumab vs THP		
		Post-neoadjuvant		DESTINY-Breast05 monotherapy vs T-DM1		
		Neoadjuvant				Phase 3
		Adjuvant				Phase 3
HER2 Low	HR+ HR-	Metastatic Post Chemo	DESTINY-Breast04 monotherapy vs PC			
				DESTINY-Breast08 combination		
		Post-neoadjuvant				Phase 3
	HR+	Metastatic Chemo Naive	DESTINY-Breast06 monotherapy vs PC			
		Metastatic Endocrine Therapy				Phase 3
	HR-	Metastatic 1L	BEGONIA durvalumab combination Ph1b/2 (Arm 6)			
		Neoadjuvant				Phase 3

Ph 1 ongoing | Ph 2 ongoing | Ph 3 ongoing | New | Completed

Study initiation & end points are all shown as either beginning of 1H or 2H

PC: physician's choice

ENHERTU®: Clinical Development Plan | Gastric cancer & NSCLC

As of Sep 2021			FY2020	FY2021	FY2022	Planning
Gastric	HER2 Positive	Advanced/ Metastatic 3L~	DESTINY-Gastric01	DESTINY-Gastric06 China Ph2		
		Advanced/ Metastatic 2L	DESTINY-Gastric02 monotherapy - West			
				DESTINY-Gastric04 mono vs ramucirumab+paclitaxel		
			DESTINY-Gastric03 combination (2L/1L) Ph1b/2			
		Advanced/ Metastatic 1L				Phase 3
NSCLC	HER2 Expressing	Advanced/ Metastatic 2L~	DESTINY-Lung01 monotherapy			
			HUDSON durvalumab combination			
		Advanced/ Metastatic 2L				Phase 3
		Advanced/ Metastatic 1L		DESTINY-Lung03 combination		
						Phase 3
	HER2 Mutated	Advanced/ Metastatic 2L~	DESTINY-Lung01 monotherapy			
				DESTINY-Lung02 monotherapy		
		Advanced/ Metastatic 1L		DESTINY-Lung04 Ph3 vs SOC		
	Expressing /Mutated	Early disease				Phase 3

Ph 1 ongoing | Ph 2 ongoing | Ph 3 ongoing | New | Completed

Study initiation & end points are all shown as either beginning of 1H or 2H

NSCLC: non small cell lung cancer

ENHERTU®: Clinical Development Plan | CRC & other tumors

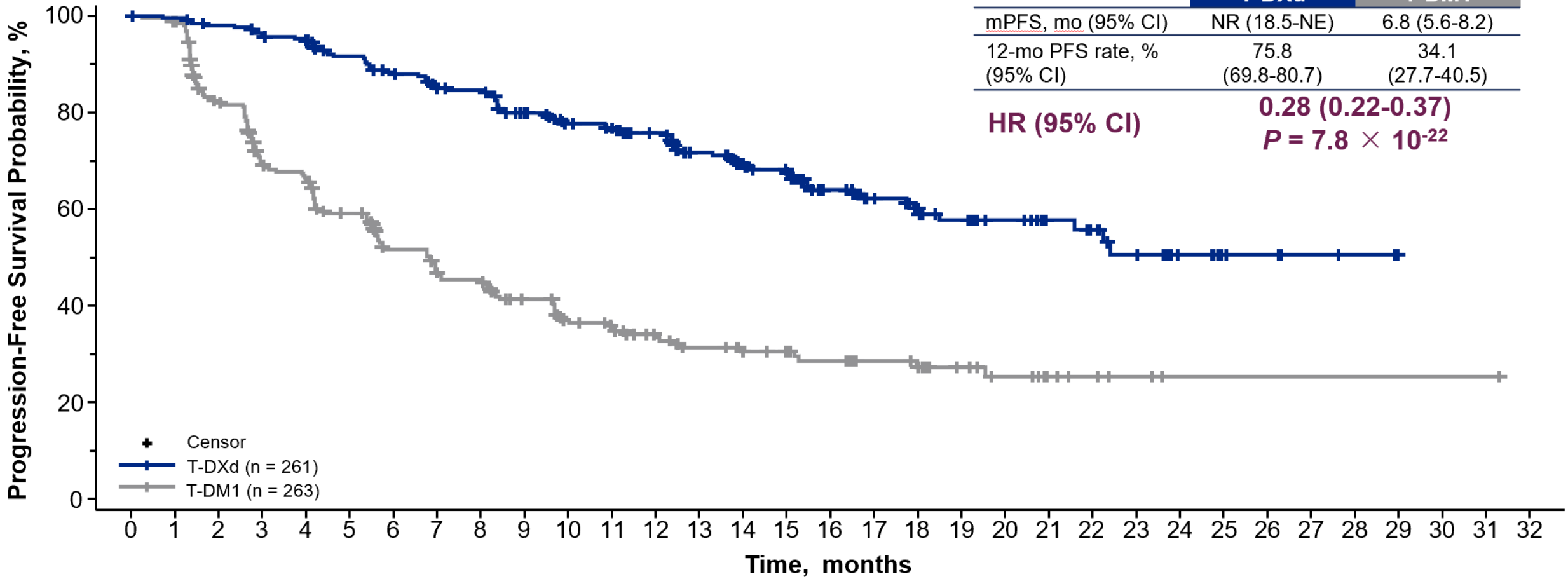
As of September 2021			FY2020	FY2021	FY2022	Planning
CRC	HER2 Expressing	Metastatic 3L	DESTINY-CRC01 monotherapy	DESTINY-CRC02 monotherapy		
		Metastatic 2L				Phase 3
		Metastatic 1L				Phase 3
Other Tumors/ multiple tumors	HER2 Expressing	Metastatic 2L	Nivolumab combination (breast, bladder)			
			Pembrolizumab combination (breast, NSCLC)			
			DESTINY-PanTumor02			
		Ovarian				Phase 2
	HER2 Mutated	Metastatic 2L	DESTINY-PanTumor01			

Ph 1 ongoing | Ph 2 ongoing | Ph 3 ongoing | New | Completed

Study initiation & end points are all shown as either beginning of 1H or 2H

CRC: colorectal cancer, NSCLC: non small cell lung cancer

Primary Endpoint: PFS by BICR



	T-DXd	T-DM1
mPFS, mo (95% CI)	NR (18.5-NE)	6.8 (5.6-8.2)
12-mo PFS rate, % (95% CI)	75.8 (69.8-80.7)	34.1 (27.7-40.5)
HR (95% CI)	0.28 (0.22-0.37)	
	$P = 7.8 \times 10^{-22}$	

Patients Still at Risk:

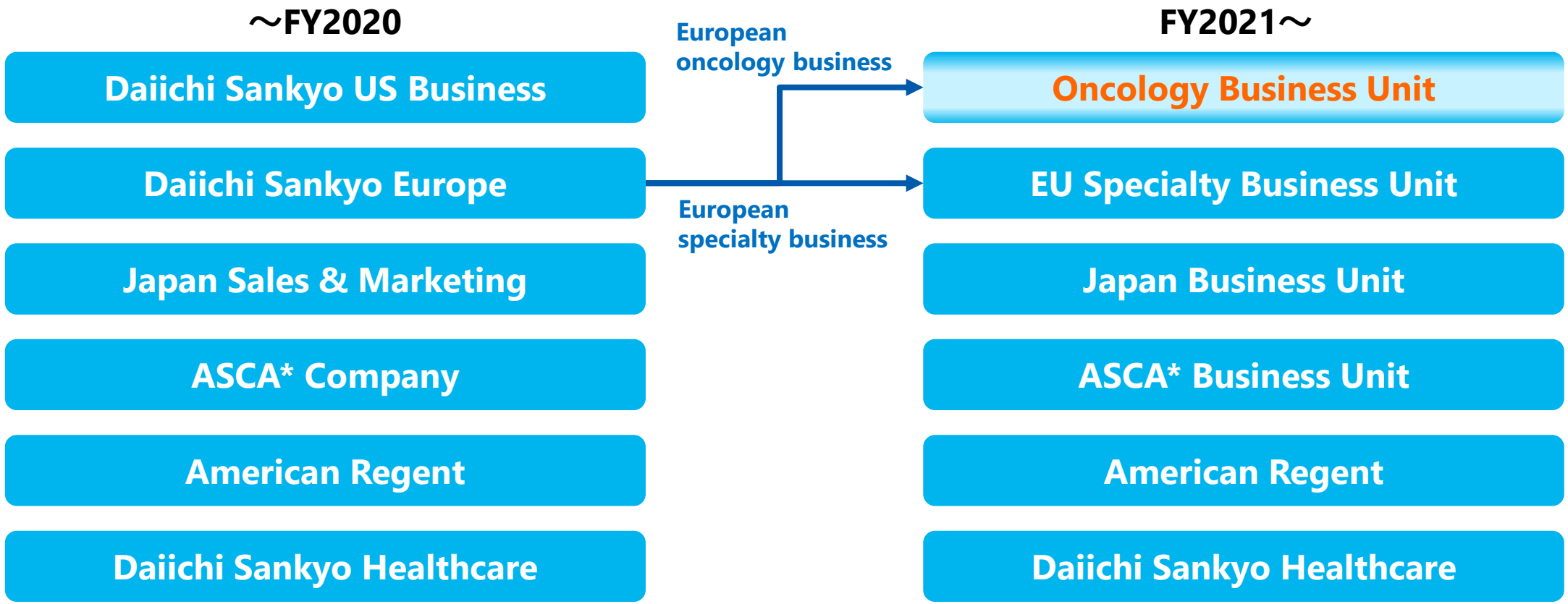
T-DXd (261)	261	256	250	244	240	224	214	202	200	183	168	164	150	132	112	105	79	64	53	45	36	29	25	19	10	6	5	3	2	0			
T-DM1 (263)	263	252	200	163	155	132	108	96	93	78	65	60	51	43	37	34	29	23	21	16	12	8	6	4	1	1	1	1	1	1	1	1	0

Median PFS follow-up for T-DXd was 15.5 months (range, 15.1-16.6) and for T-DM1 was 13.9 months (range, 11.8-15.1)
HR, hazard ratio; INV, investigator; mo, month; NE, not estimable; NR, not reached.

Creation of Oncology Business Unit

Oncology Business Unit was created to align US and European oncology businesses as well as global oncology business functions under one team to respond to the rapid changes we see in standards of care, and the oncology market

Business Units



*Asia, South and Central America

Passion for Innovation.
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ENHERTU® Business Briefing

Ken Keller

Head of Oncology Business Unit

October 29, 2021

Daiichi Sankyo OBU Global Leadership

Ken Keller

Global Head, Oncology Business

President and CEO, Daiichi Sankyo, Inc.

- Joined Daiichi Sankyo in 2014
- Revamped U.S. business structure to focus on multiple oncology launches including ENHERTU® as part of Daiichi Sankyo's 2025 Goal
- More than 30 years of experience in the pharmaceutical industry including 22 years at Amgen
- Held senior regional and global leaderships roles supporting major biologics including Aranesp, Enbrel, Neulasta, Neupogen, Prolia, Vectibex and Xgeva

Daiichi Sankyo OBU Global Leadership Team

Mary Pinder-Schenck

Vice President, Head of Global Oncology Medical Affairs

Ken Keller

President and CEO, Daiichi Sankyo, Inc.

Global Head of Oncology Business

Dan Switzer

Head of US Oncology Business Division

Nagatomo Hamahata

Global Head of Oncology Alliance Management

Rich Jones

Executive Director, Global Oncology Business Strategy & Analysis

Nadine Sprangers

Vice President, Head of Global Oncology Market Access & Pricing

Markus Kosch

Head of EU Oncology Business Division

Kenji Shigeta

Head of Global Oncology Marketing

Daiichi Sankyo's Transformation into Global Oncology Leader

POTENTIAL FOR ~12 APPROVALS FROM DXd ADC PORTFOLIO IN MULTIPLE INDICATIONS ACROSS MORE THAN 30 COUNTRIES IN NEXT 5 YEARS

HER2 ADC

DESTINY

Trastuzumab Deruxtecan (T-DXd)

- HER2+ mBC & eBC
- HER2 low mBC
- HER2+ mGC
- *HER2* mutant mNSCLC

ENHERTU® trastuzumab deruxtecan

4 U.S. FDA BTDs have been granted so far

Daiichi-Sankyo | AstraZeneca

TROP2 ADC

TROPION

Datopotamab Deruxtecan (Dato-DXd)

- mNSCLC with and without AGAs
- TNBC
- HR+ / HER2- mBC

HER3 ADC

HERTHENA

Patritumab Deruxtecan (HER3-DXd)

- EGFR mutant mNSCLC
- mBC
- mCRC

B7-H3 ADC

DS-7300

- SCLC
- Esophageal squamous cell carcinoma
- Castration resistant prostate cancer

COMBINATION STRATGIES WITH IMMUNOTHERAPY, OTHER ANTI-CANCER MEDICINES PART OF CLINCIAL DEVELOPMENT PROGRAMS ACROSS PORTFOLIO

ENHERTU® : Roadmap to Transforming HER2 Targetable Cancers

Establish Foundation

Achieve 3L HER2+ mBC and 2L/3L HER2+ mGC market leadership in all launch countries

2020 - 2021

Build Market Leadership

Establish ENHERTU as HER2 medicine of choice for 2L HER2+ mBC and become market leader worldwide

#1

2022

Redefine HER2 Treatment Paradigm

Rethink HER2 targetable population with potential of ENHERTU efficacy in HER2 low mBC and *HER2* mutant mNSCLC

2022 - 2023

Elevate Outcome Expectations

Push new boundaries with further development in neoadjuvant/adjuvant eBC, 1L mBC, combination strategies and other cancers

2024 +

ENHERTU®: Solid Performance Globally

ENHERTU #1 IN 3L HER2+ MBC IN EVERY COUNTRY FULLY LAUNCHED
APPROVED IN 37 COUNTRIES | ~8,000 PATIENTS TREATED WORLDWIDE

US

- **#1 3L HER2+ mBC medicine**
- Achieved >40% market share in 3L
- Prescriber research shows **~65% of patients will receive ENHERTU in 3L+**
- Rapid adoption in HER2+Gastric
- ~ 5,000 patients treated
- Preparations in place for 2L approval

Europe

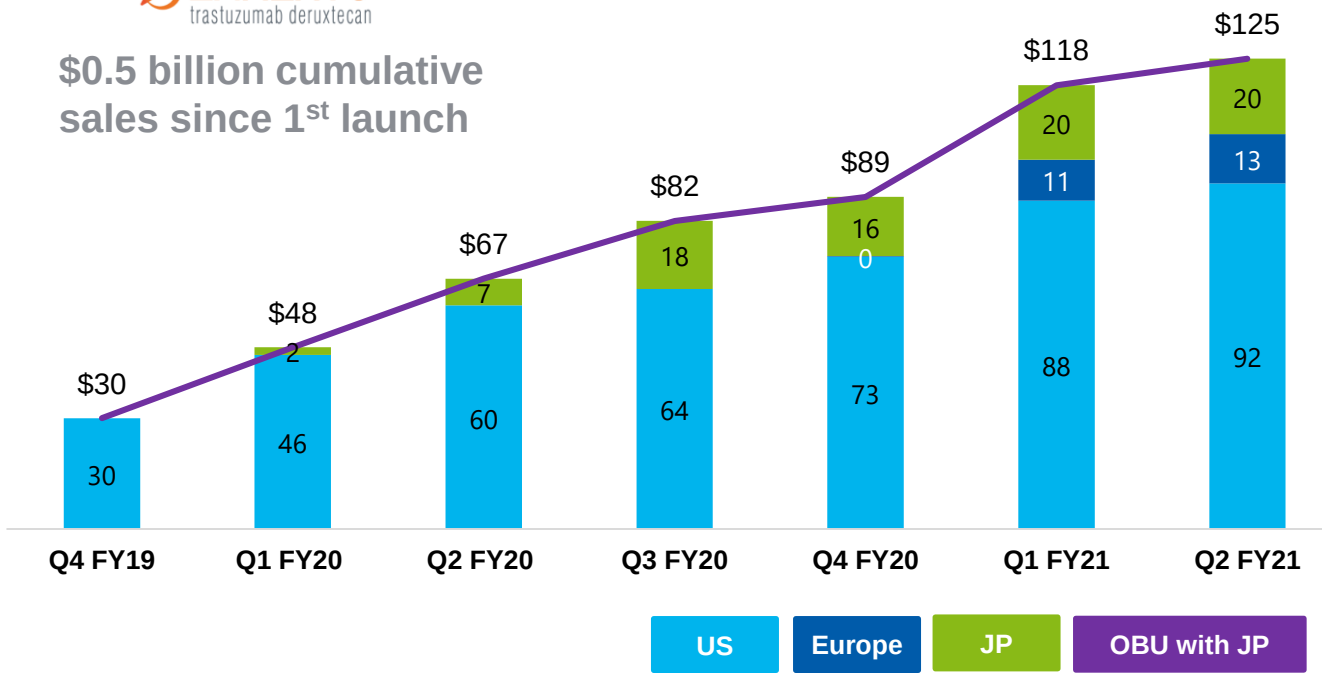
- **#1 3L HER2+ mBC medicine in France & UK**
- Launched in Austria, Denmark, Finland, France, Luxembourg, Norway, Sweden & UK – with more countries to join soon
- Demand sales +31% in August 2021 vs July
- ~ 1,000 patients treated

JP

- **#1 3L HER2+ mBC & 3L HER2+ mGC medicine**
- 30% and 45% market share respectively
- ~ 2,100 patients treated in total
- Well managed ILD risk with BC & GC HCPs

ENHERTU® trastuzumab deruxtecan

$0.5 billion cumulative sales since 1st launch



3L HER2+ mBC approvals: *Australia, Brazil, Canada, Israel, Japan, UK and U.S.*
2L/3L HER2+ mGC approvals: *Israel, US*
3L HER2+ mGC approvals: *Japan*

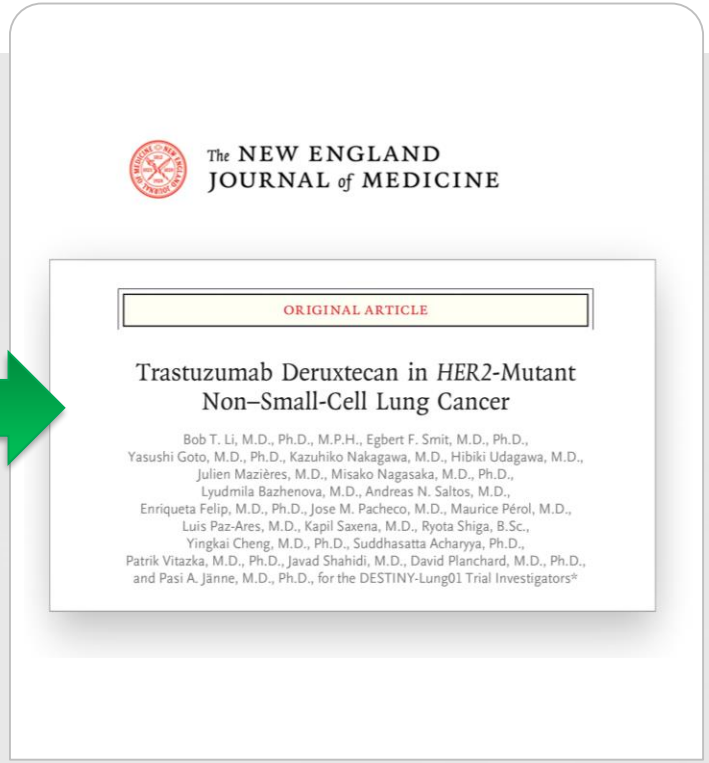
ESMO 2021: Defining Moment for Daiichi Sankyo's Transformation into Global Oncology Leader

18 Abstracts with 6 Oral Presentations

- 1 Presidential Symposia
- 4 Late-Breaking Presentations
- 3 Preferred Papers
- 2 Mini Oral Presentations
- 9 Posters
- 1 *NEJM* Publication

4 Late-Breaking Presentations

- DESTINY-Breast03
- DESTINY-Lung01
- DESTINY-Gastric02
- TROPION-PanTumor01



Additional Data

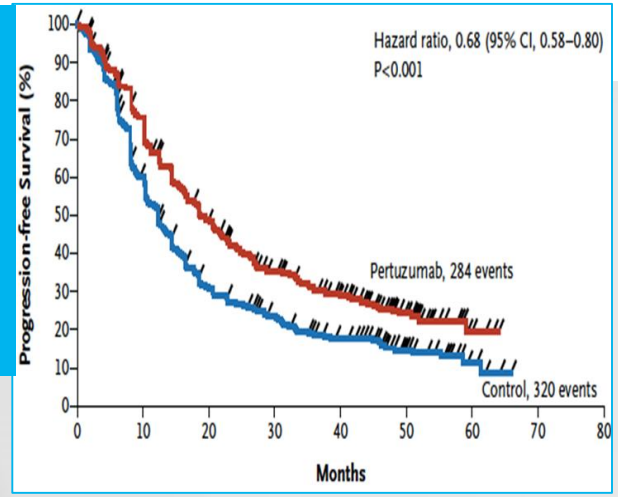
- DESTINY-Breast01
- DESTINY-CRC01

DS-7300
4th DXd ADC in Clinical Development

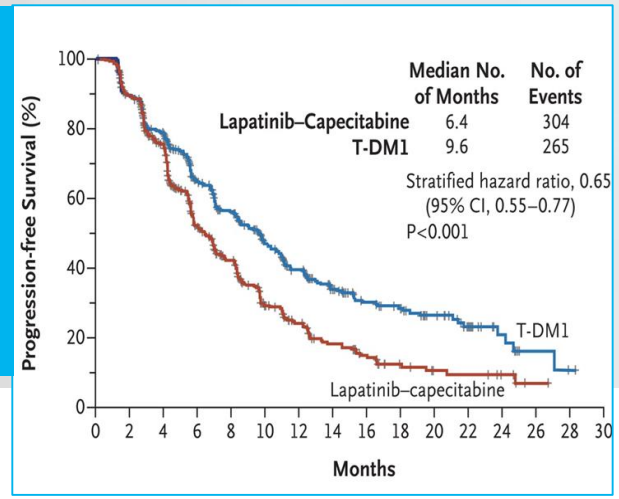
ENHERTU®: New Standard of Care for 2L mBC

PRIOR ADVANCES IN HER2+ MBC

CLEOPATRA

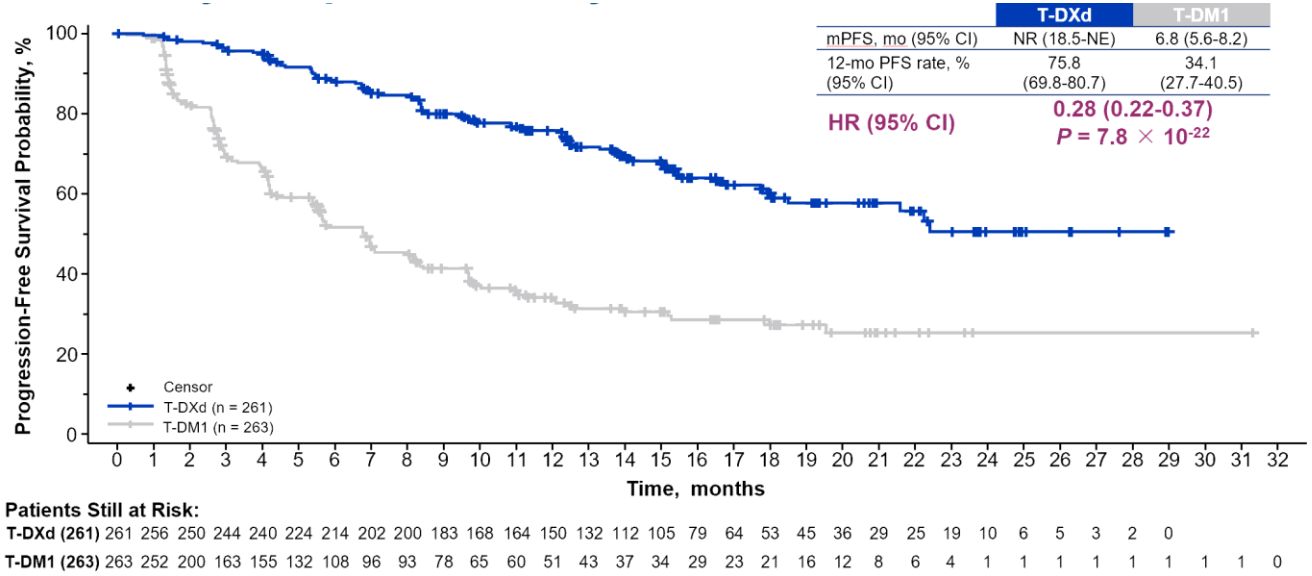


EMILIA



DESTINY-Breast03
Primary Endpoint: PFS by BICR

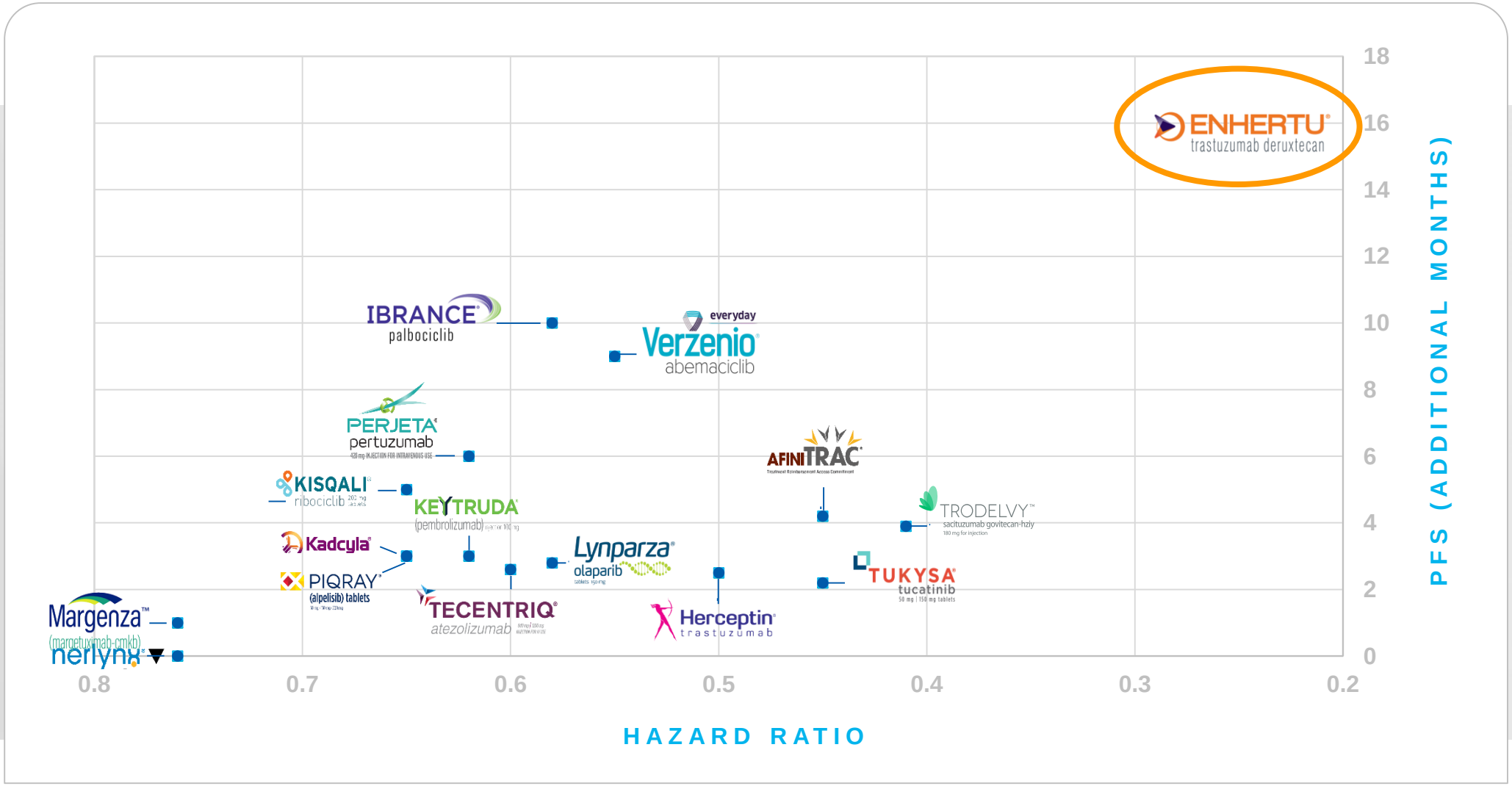
DESTINY-Breast03



Cortes J, et al. ESMO 2021

Median PFS follow-up for T-DXd was 15.5 months (range, 15.1-16.6) and for T-DM1 was 13.9 months (range, 11.8-15.1)
HR, hazard ratio; INV, investigator; mo, month; NE, not estimable; NR, not reached.

ENHERTU®: Historical Unprecedented Efficacy In Breast Cancer



ENHERTU®: Media Reaction to DESTINY-Breast03

Daiichi-Sankyo

FIERCE Pharma

With Massive Tumor Progression Edge, AstraZeneca-Daiichi's Enhertu Shows Roche's Kadcyla Who's the Better Breast Cancer Drug

"The showing is so impressive that the study authors concluded that the study, dubbed Destiny-Breast03, will lead to a paradigm shift in the treatment of HER2-positive breast cancer."

ENDPOINTS NEWS

AstraZeneca, Daiichi Sankyo's ADC Enhertu Blows Away Roche's Kadcyla in Second-line Advanced Breast Cancer

"Getting into earlier patients is now the goal, starting with Enhertu's complete walkover of a Roche drug in second-line breast…"

MEDPAGE TODAY

Trastuzumab Deruxtecan: New Standard of Care in Pretreated, Advanced Breast Cancer?

"These PFS curves from DESTINY03 are absolutely startling…I don't believe I've seen a hazard ratio like this in HER2 breast cancer before."

– Dr. Shanu Modi, Memorial Sloan Kettering

Biotech Strategy Blog

"…the last time I saw similar shock and awe or such fevered excitement in breast cancer was… a decade ago...so it has been a long time coming for a new standard of care to be seen in this disease. This is what we live for in oncology, records and standards are meant to be broken."

– Sally Church, Blog Editor

abc NEWS

Drug Combination Shows Revolutionary Results in Extending Life for Tough-to-treat Breast Cancer

"…this potent antibody drug...will dramatically change the treatment for HER2 positive breast cancer."

– Dr. Sara Tolaney, Dana-Farber Cancer Institute

ENHERTU®: KEE Reaction to DESTINY-Breast03

Daiichi-Sankyo

COMMON THEME: ACCELERATE RESEARCH FOR USE OF ENHERTU IN EARLIER LINES OF HER2+ BREAST CANCER

"**Super impressive outcome. T-DXd is the winner.** I agree that the next question is, what do we do with the T-DM1."

"I think that for a majority of patients and for physicians like myself who treat metastatic HER2 positive breast cancer**, it's going to lead to a paradigm shift** in how we treat this patient population."

"It was a really substantial difference in the two treatment arms. **This data is nothing short of phenomenal and will be practice changing**."

"**The world is brighter** for women with HER2 overexpressing breast cancers."

"I don't believe I've seen **a hazard ratio like this** in HER2 breast cancer before."

"A drug like this has potential to do better, much better than a 5-6% cure rate in metastatic breast cancer. The MOA and uniqueness of the payload could move the cure rate up for metastatic disease considerably. **Given the reassuring safety, this drug should move to curative early breast cancer setting as soon as possible.** The only competitor is tucatinib plus trastuzumab in early breast cancer as a well-tolerated regimen – "***two gunslingers to meet on the streets***."

"Ushering in a new standard of care for the second line treatment of metastatic HER2 positive breast cancer— **trastuzumab deruxtecan dramatically outperforms T-DM1** with acceptable toxicity"

"ENHERTU was the **star of the show**"

"We've all seen the little steps we've been taking, and **this is a much bigger step**… kudos to DS and AZ and the vision of everyone going forward with this drug…."

"**How quickly could we test this in early breast cancer?** We are highly interested to investigate this drug in early breast cancer…"

"Given **this impressive magnitude of benefit,** I believe we will be able to eliminate breast cancer as cause of death…'

"**Jaw dropping** waterfall plot"

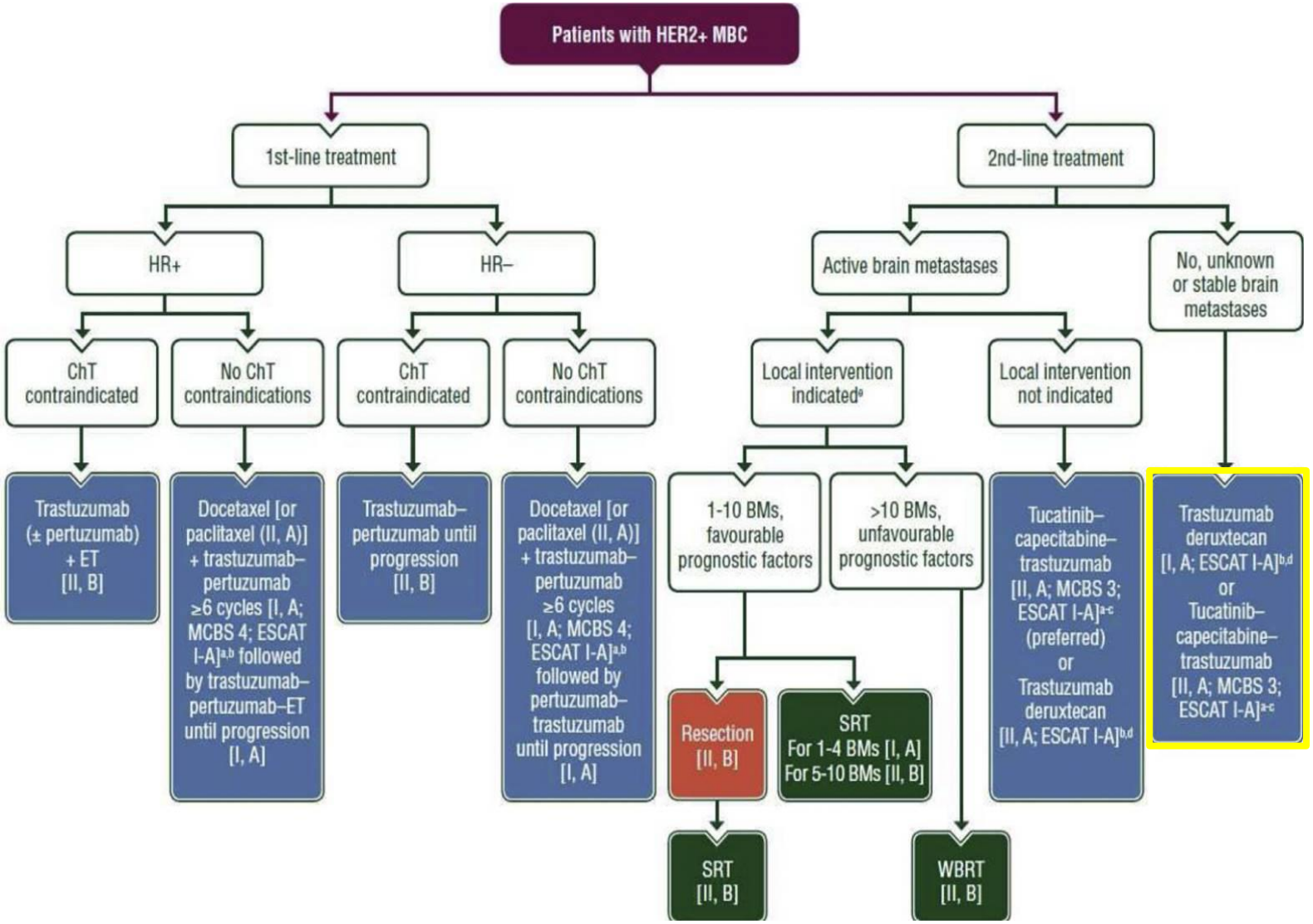
"This is the confirmation of our clinical impression – that is drug will **change the way we treat breast cancer**, not just HER2 positive breast cancer…."

"ADCs will be the pillar of treatment in 5 years for all chemo-sensitive disease….we are going to substitute chemotherapy for ADCs now…"

"This potent antibody drug…will **dramatically change the treatment** for HER-2 positive breast cancer."

"**It was a really substantial difference in the two treatment arms.** T-DM1 is a good adjuvant drug, but we are always striving to do better. ENHERTU is offering that better option."

Annals of Oncology Published Oct 19, 2021: ESMO Clinical Practice Guideline for the diagnosis, staging and treatment of patients with metastatic breast cancer, supports ENHERTU® as the New standard of care



Second line language in ESMO Guideline

- Based on the strength of these efficacy and safety data, it is reasonable to consider trastuzumab deruxtecan the new standard second-line therapy in regions where this drug is available [I, A], moving T-DM1 to a later-line setting.
- Trastuzumab deruxtecan should be given as second-line therapy after progression on a taxane and trastuzumab [I, A].

- T-DM1 is a second-line treatment option after progression on a taxane and trastuzumab in cases where trastuzumab deruxtecan is not available [I, A; ESMO-MCBS v1.1 score: 4; ESCAT score: I-A].

- Tucatinib/capecitabine/trastuzumab or trastuzumab deruxtecan may be used in the second-line setting in selected patients with BMs [II, A]

ENHERTU®: Opportunity to Displace T-DM1 in mBC

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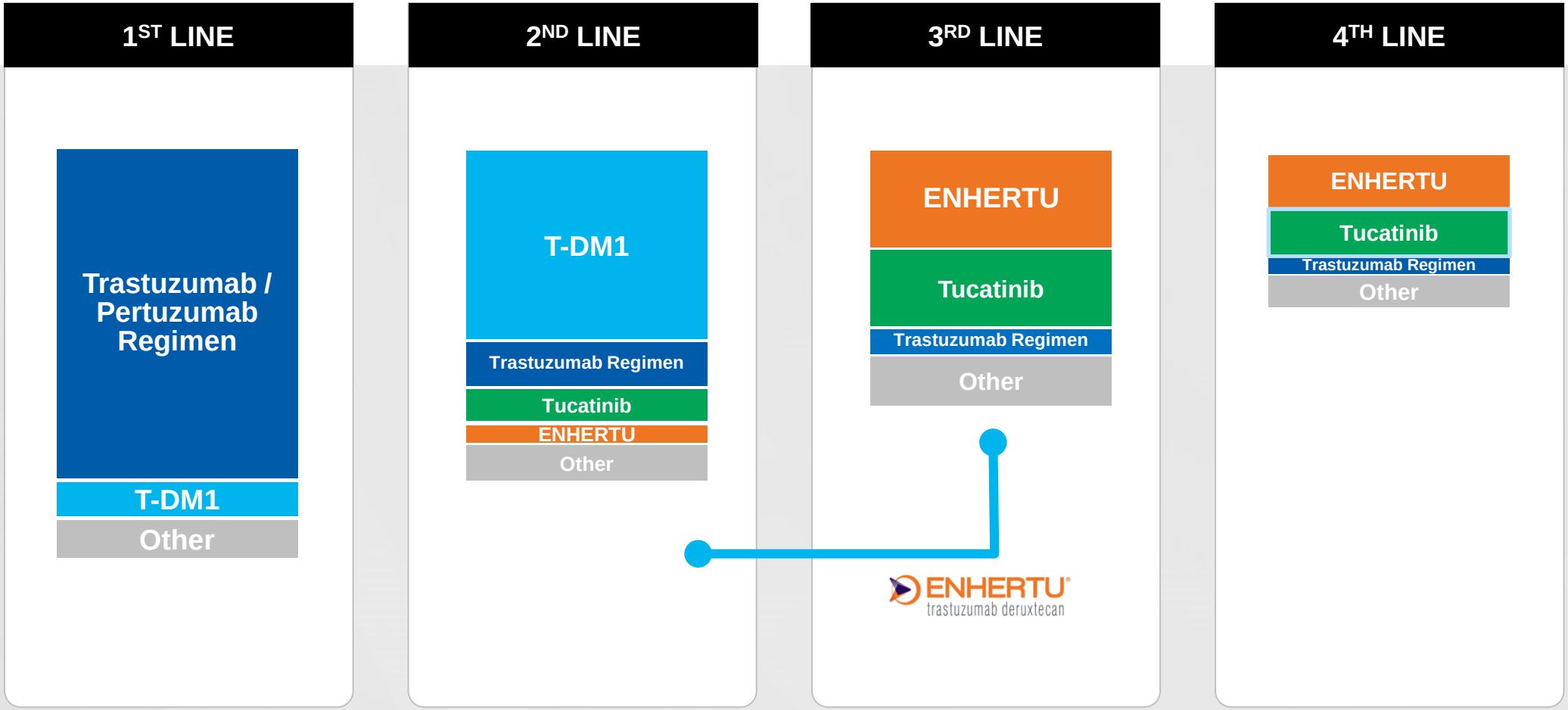
METASTATIC HER2+ BREAST CANCER DIAGNOSIS



Sources: ENHERTU HER2+ ATU and PCA (ZoomRx); internal sources

ENHERTU® Next: Transform Treatment Landscape for Previously "Un-targetable" HER2 Low

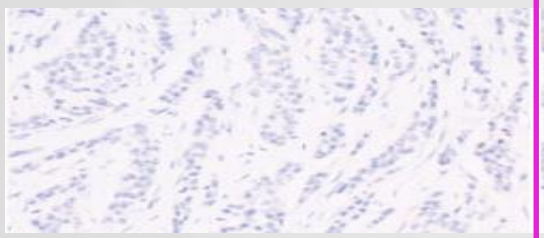
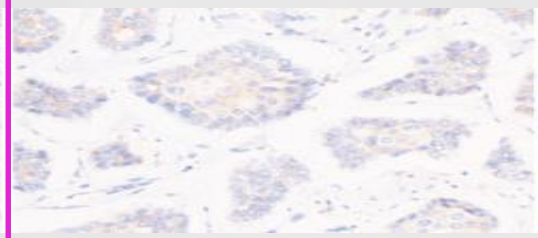
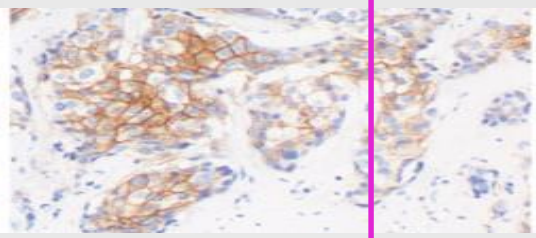
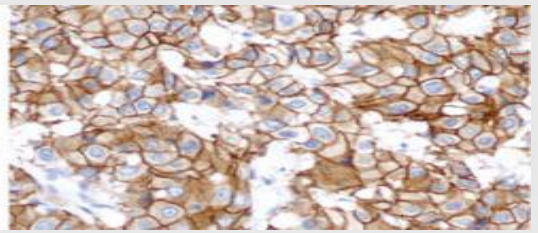
CURRENT SITUATION

- Many HER2 targeted therapies have been approved in HER2+ segment
- No HER2 targeted therapy has demonstrated meaningful efficacy beyond HER 2+ population
- In HR+ segment, ET and CDK4/6 treatment is standard of care and progressing patients receive chemotherapy with limited success

- DESTINY-Breast04 and DESTINY-Breast06 trials targeting HER2 Low patients is projected to read out in Q4 FY2021 for DESTINY-Breast04, and additional indication from DESTINY-Breast06 is expected to contribute commercially to the current 5-year business plan
- HER2 testing is well entrenched across markets (>95% in mBC)
- HER2 Low patients can be identified with the current IHC SOC assays

SABCS 2018
DESTINY-Breast01:
HER2 low cohort[1]

1 Modi et al, SABCS, 2018; Poster # P6-17-02, Abstract #486

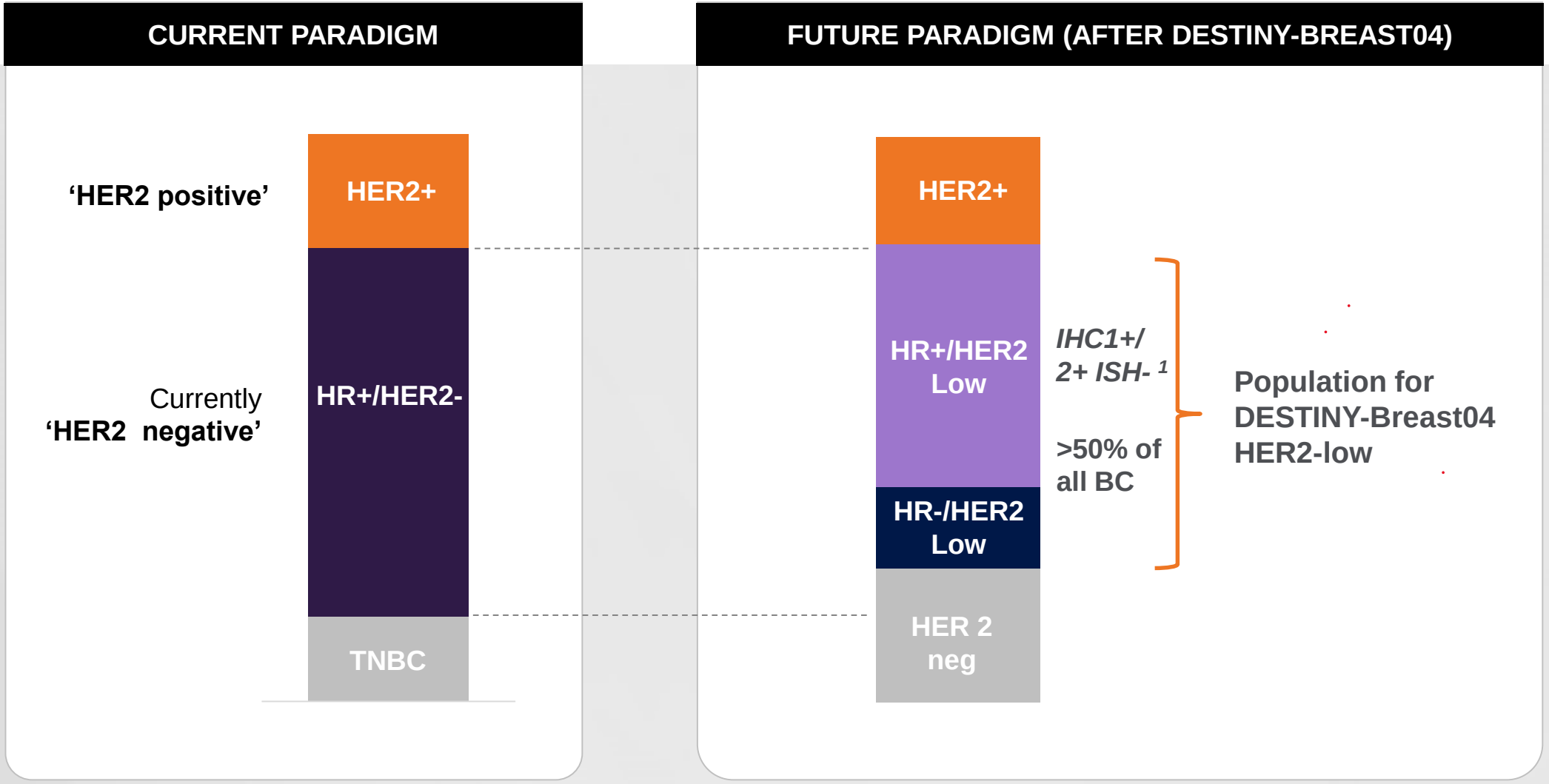
IHC=0	IHC=1+	IHC=2+	IHC=3+
			
No staining OR faint, incomplete staining in ≤10% of cells	Faint, incomplete staining in >10% of cells	Weak – moderate, complete staining in >10% of cells	Intense - complete staining in >10% of cells

"HER2 Low" - IHC1+/2+, ISH-
HER2 targeted drugs have tried and all failed

"HER2 +" - IHC2+/3+, ISH+
trastuzumab, pertuzumab, T-DM1, neratinib, tucatinib, lapatinib

ENHERTU®: DESTINY-Breast04 and DESTINY-Breast06

to Potentially Change Treatment Paradigm for Large Segment of Breast Cancer



[1] the estimated patient population split is ~60% IHC1+ and ~40% IHC2+/ ISH- based on DESTINYY-Breast04 clinical trial (Feb 2020)

ENHERTU®: Clinical Development Program Highlights

Opportunities across breast cancer, HER2-low and other tumors

Daiichi-Sankyo

	NEOADJUVANT / ADJUVANT	1L METASTATIC	2L METASTATIC	3L METASTATIC
HER2-low BREAST CANCER	HR+[1]: chemotherapy ± endocrine therapy HR+: chemotherapy	endocrine ± CDK4/6i[2]	2X PHASE 3 Post CDK4/6i	
		Replace/displace chemotherapy		
HER2-positive BREAST CANCER	Post neoadjuvant replace trastuzumab emtansine (T-DM1) Chemotherapy + trastuzumab + pertuzumab	PHASE 3 REPLACE chemotherapy + trastuzumab + pertuzumab	PHASE 3 REPLACE trastuzumab emtansine (T-DM1)	PHASE 2 & 3 POST trastuzumab emtansine (T-DM1) ✓ US, JP, EU, UK, Canada, Israel approvals
BEYOND BREAST CANCER	• Expand into other cancer types: gastric, NSCLC, CRC[4] and others • Conducting multiple combination trials to push the boundaries of patient outcomes			✓ HER2+ mGC US, JP, Israel approvals

1. Hormone receptor positive 2. Cyclin-dependent kinase 4/6 inhibitor 3. Hormone receptor negative 4. Colorectal cancer

Dato-DXd: Potentially Best-in-Class TROP2 Directed ADC in NSCLC and Breast Cancer

TROP2

is a widely expressed in solid tumors, including high expression in NSCLC where it is associated with poor prognosis

Salvage Chemo in NSCLC

limited efficacy (ORR of 5-23% and OS of 5.7-12.6 months) post IO and PBC[1,2,3]

Initiated Global Phase 3 TROPION-Lung01[4] vs docetaxel in 2L, 3L mNSCLC without AGAs post IO and PBC

Additional Phase 1/2 Trials in NSCLC

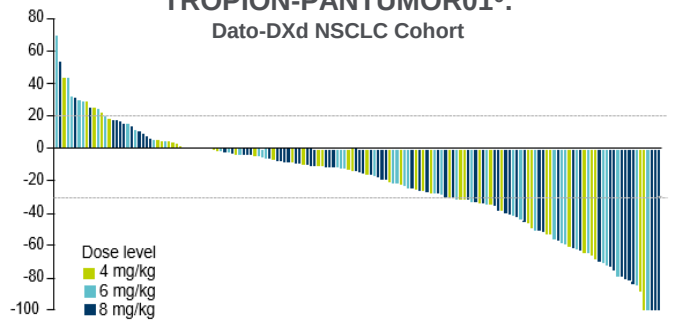
- **TROPION-Lung05[5]** monotherapy in 3L+ mNSCLC with AGAs
- **TROPION-Lung02[6] & TROPION-Lung04[7]** IO combos (pembrolizumab, durvalumab with or without PBC) in 1L, 2L, 3L mNSCLC without AGAs

Phase 1 in TNBC & HR+/HER2- mBC

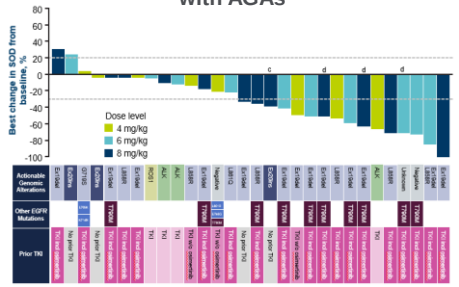
Promising results in TNBC cohort from **TROPION-PanTumor01[8]**

AGAs: Actionable Genomic Alterations; IO: Immunotherapy; ORR: Objective Response Rate; OS: Overall Survival; PBC: Platinum-based Chemotherapy;

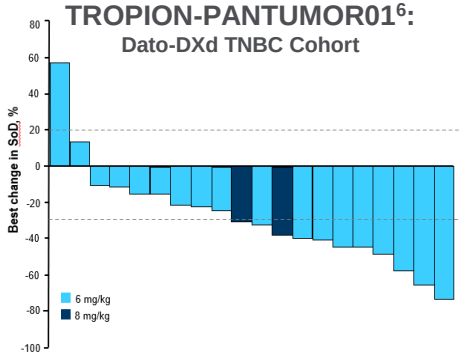
WCLC 2021
TROPION-PANTUMOR01[6]:
Dato-DXd NSCLC Cohort



ESMO 2021
TROPION-PANTUMOR01[6]:
Dato-DXd NSCLC Cohort Sub analysis with AGAs



ESMO BREAST 2021
TROPION-PANTUMOR01[6]:
Dato-DXd TNBC Cohort



1. Hotta K, et al. *J Thorac Oncol*. 2007. 2. Rothschild SI, et al. *ESMO Open*. 2021. 3. Garon E, et al. *The Lancet* 2014 4. NCT04656652 5. NCT04484142 6. NCT04526691 7. NCT04612751 8. NCT03401385

HER3-DXd: First-in-Class HER3 Directed ADC in NSCLC and Breast Cancer

Daiichi-Sankyo

HER3
Is frequently overexpressed in NSCLC as well as other types of solid tumors

Salvage Chemo
limited efficacy (PFS of 2.8-3.2 months) post EGFR TKIs and PBC[1]

Initiated Global Phase 2 HERTHENA-Lung01[2]
in 3L+ EGFR mutant mNSCLC post osimertinib and PBC

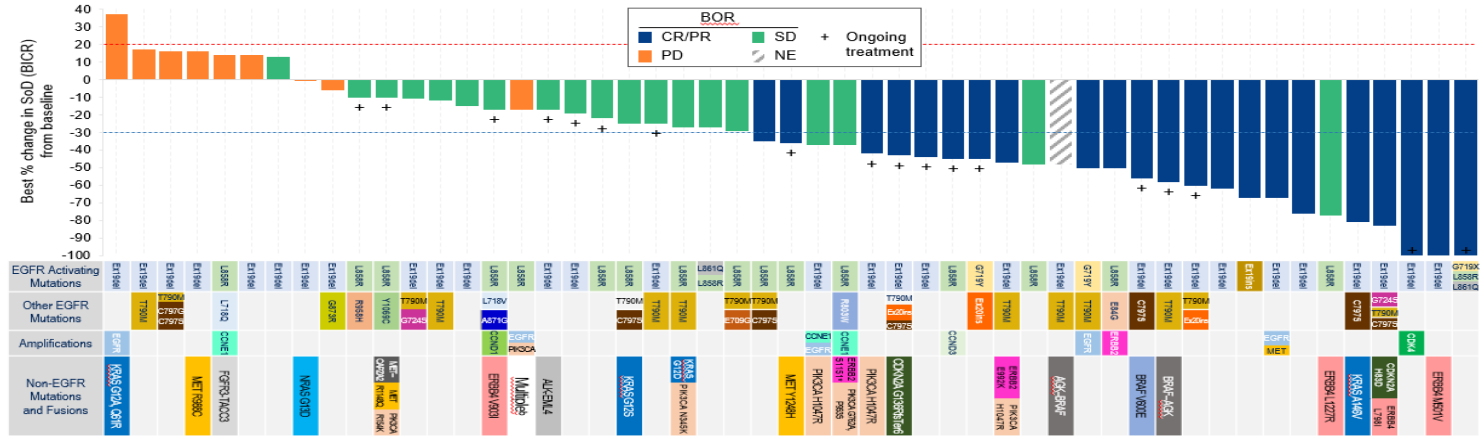
Additional Phase 1/2 Trial[3] in NSCLC
combo in 1L, 2L mNSCLC with osimertinib

Breast Cancer & Beyond

- **Phase 1/2[4]** in HR+/HER2- mBC and TNBC across lines of therapy
- **Phase 2[5]** in colorectal cancer

EGFR: Epidermal Growth Factor Receptor; IO: Immunotherapy; PBC: Platinum-based Chemotherapy; PFS: Progression-Free Survival TKI: Tyrosine Kinase Inhibitor

ASCO 2021
HER3-DXD PHASE 1 EGFR TKI RESISTANT, EGFRM NSCLC

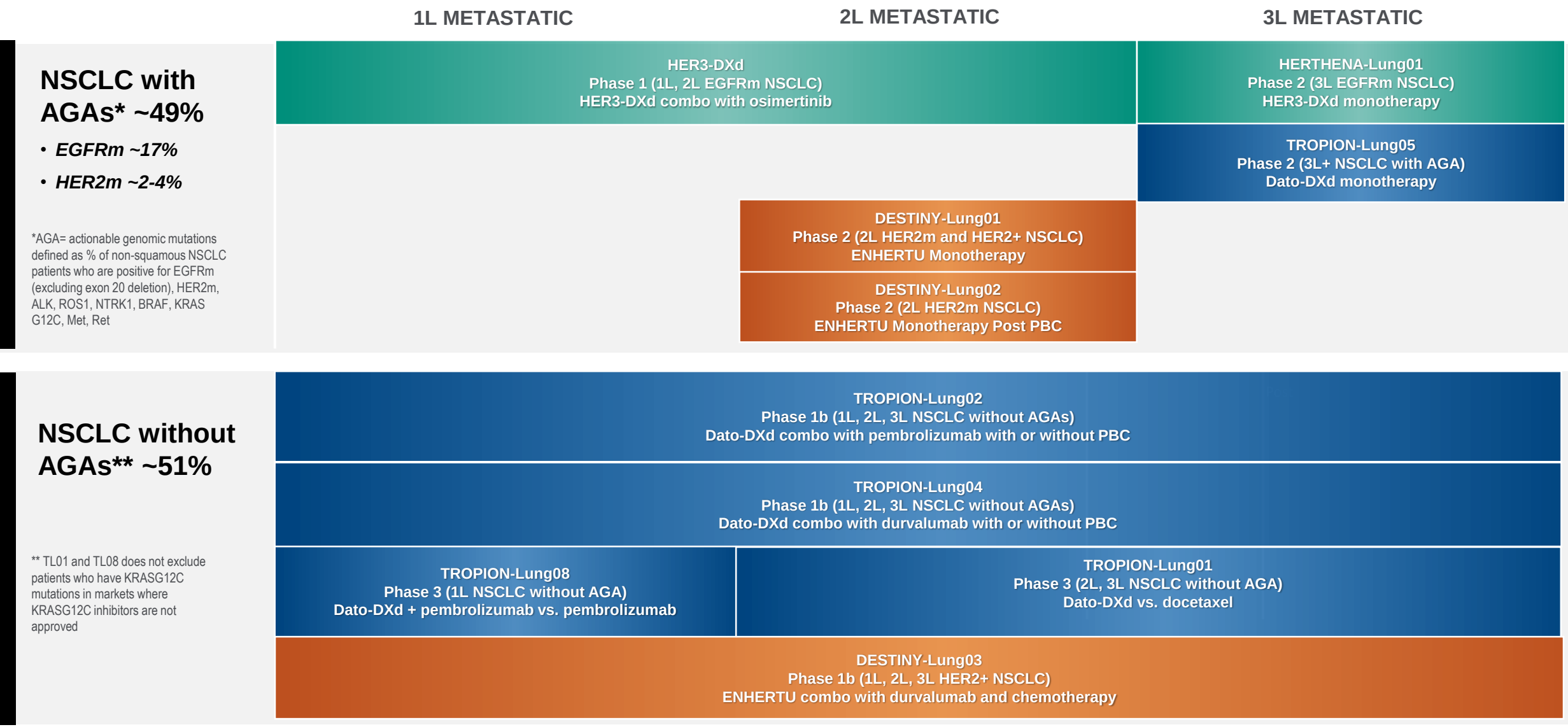


1. Yang, CJ. BMC Pharmacol Toxicol. 2017.
2. NCT04619004
3. NCT04676477
4. NCT02980341
5. NCT04479436

ENHERTU®, Dato-DXd & HER3-DXd: Lung Cancer Clinical Development Highlights

HERTHENA DESTINY TROPION

Daiichi-Sankyo



By 2030 DS will be a Global Innovator, ADC Leader Across Multiple Tumor Types with a Competitive Advantage in Oncology

FY2021 - FY2025

As of FY2021

- Oncology Business Unit launched
- ENHERTU® approved globally in mBC and mGC
  - ENHERTU® granted 4th Breakthrough Therapy Designation in the US based on DESTNY-Breast03 results
  - Well-positioned to be market leader in 2L HER2+ mBC
  - Positioned to transform HER2 Low treatment paradigm
- Multiple drugs in breast and lung cancer launched

5-YEAR BUSINESS PLAN (FY2021-FY2025)

REALIZE 2025 GOAL AND SHIFT TO FURTHER GROWTH

2030 VISION

Innovative Oncology Business Contributing to the Sustainable Development of Society

- Global Top 10 Oncology Company
- Leader in ADC technology across multiple tumors types
- ENHERTU®, Dato-DXd and HER3-DXd achieve blockbuster status
- Complemented by promising ADC candidate DS-7300
- DS recognized as trusted and respected Oncology business across the globe

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